

Application For Service Academy Nomination
Office Of Congressman James R. Langevin
(please type or print)

Name:

(Last)

(First)

(Middle)

Address:

(Street)

(City)

(State)

(Zip)

Date Of Birth:

Social Security Number:

Telephone Number:

E-mail:

High School:

Year of Graduation:

If already graduated, present activity:

Father's Name, address and daytime telephone number:

Mother's Name, address and daytime telephone number:

Check the Academies you would like to attend. If you are interested in more than one Academy, please number in order of preference

- ☐ U.S. Naval Academy, Annapolis, MD
- ☐ U.S. Air Force Academy, Colorado Springs, CO
- ☐ U.S. Military Academy, West Point, NY
- ☐ U.S. Merchant Marine Academy, Kings Point, NY

Have you ever had any problems with the law? YES/NO
(If yes, please explain on a separate sheet of paper)

I certify that I am a legal resident of the Second Congressional District of Rhode Island.

I understand that if my application packet is not postmarked by the October 31 deadline, I will not be given final consideration for nomination.

SIGNATURE:

DATE